INSTRUCTIONS FOR COMPLETION OF FORM SSA-7161-OCR-SM

WHAT YOU NEED TO DO

First please read the instructions below. This is important because not all questions are self-explanatory. Then, complete your report and return it to the Social Security Administration, P.O. Box 7161, Wilkes-Barre, Pennsylvania, 18767-7161, U.S.A. in the enclosed envelope within 60 days from the day you receive it. If you do not return it promptly, we may stop sending payments to you.

GENERAL INSTRUCTIONS

To help us process your report and avoid having to recontact you, please follow these instructions.

- Use black ink or a dark pencil to complete the report.
- Please print your answers, except in the signature block.
- Place "X's" in the appropriate "Yes" or "No" boxes on the first page.
- On the first page, keep your "X's" inside the boxes.
- **You must sign the form on the back page.**

HOW TO FILL OUT THE FORM

The numbers below match the numbered questions on the report.

Item 1. Do not write in this space if the preprinted address in the box is correct. If the preprinted address is incorrect and you have not reported your new address to the Social Security Administration, then print the correct address in this space.

Item 2. Enter the telephone number at which you may be contacted during the day in this space.

Item 3. Has anyone for whom you receive benefits changed his/her citizenship or country of residence in the past 15 months? If not, place an "X" in the "NO" box and go on to item 4. If yes, place an "X" in the "YES" box and turn the form over. In item 3 on the back, enter in:

(a) the name of the person;

(b) the country of new citizenship;

(c) the date the new citizenship was acquired; and/or

(d) the current country of residence;

(e) the date residence began.

Item 4. Has anyone for whom you receive benefits married, had a divorce (or annulment) or died in the past 15 months? If not, place an "X" in the "NO" box and go on to item 5. If yes, place an "X" in the "YES" box and turn the form over. In item 4 on the back, enter in:

(a) the name of the person;

(b) a check mark next to which event occurred;

(c) the date the event occurred.

Item 5. Has the parent (natural, adoptive or stepparent) of any child for whom you receive benefits died, married or had a divorce (or annulment) in the past 15 months? (Note that it is not necessary that the parent have been receiving benefits.) If not, place an "X" in the "NO" box and go on to item 6. If yes, place an "X" in the "YES" box and turn the form over. In item 5 on the back, enter in:

(a) the name of the parent;

(b) a check mark next to which event occurred;

(c) the date the event occurred.

Item 6. Did anyone for whom you receive benefits work for someone else or own a business or farm in the past 15 months? If not, place an "X" in the "NO" box and go on to Item 7. If yes, place an "X" in the "YES" box and turn the form over. In item 6 on the back, enter in:

(a) the name of the person who worked or owned a business or farm;

(b) a check mark in the first block if he/she worked for someone else or a check mark in the second block if he/she was self-employed;

(c) the month, day, and year the work began;

(d) if the work has ended, enter the month, day, and year the work ended. If not ended, write "Not ended";

(e) list each month in the work period indicated in (c) and (d) above that he/she worked 45 hours or less. (Explain in "Remarks" why his/her employment/self-employment calls for 45 hours or less);

(f) if the work was done in the U.S. or if U.S. Social Security taxes (FICA) were paid on earnings from this work, check the "Yes" block. If not, check the "No" block;

(g) if the answer in (f) above was "Yes" enter his/her total earnings for the last year in the first space and give an estimate of this year's earnings in the next space.

Item 7. Did any person for whom you receive benefits live apart from you during any of the past 15 months? If not, place an "X" in the "NO" box and go on to item 8. If yes, place an "X" in the "YES" box and turn the form over. In item 7 on the back enter in:

(a) the name of the person who did not live with you;

(b) the date he/she left;

(c) the reason for leaving;

(d) the date he/she returned. If he/she has not returned, enter "Not returned";

(e) the address where he/she can be reached.

Item 8. Did you give the Social Security checks or the full amount of the benefits to another person (for example, the beneficiary's custodian or the beneficiary himself) during the past 15 months? If not, place an "X" in the "NO" box and go on to item 9. If yes, place an "X" in the "YES" box and turn the form over. In item 8 on the back, show to whom the funds were given (the custodian, the beneficiary, etc.).

Item 9. Were all of the Social Security benefits received during the past 15 months used for the beneficiary and/or held for the beneficiary? If all the benefits were used or, if all were not used, but the remainder were held for the beneficiary, place an "X" in the "YES" box and go on to item 10. If not, place an "X" in the "NO" box, turn the form over and explain in "Remarks" what was done with the benefits.

Item 10. A. Show the manner in which any amounts not used for the beneficiary are being held. If the benefits are not in a bank account, check "Other" and explain in "Remarks" on the back. **B.** Show the title or ownership of the account in which the amounts are held.

BE SURE TO TURN THE FORM OVER AND ENTER YOUR SIGNATURE (OR MARK) AND THE DATE IN ITEM 11. IF YOU SIGN WITH A MARK, A WITNESS MUST COMPLETE ITEM 12. IF A WITNESS SIGNS THE FORM, HE/SHE SHOULD ENTER HIS/HER NAME, ADDRESS, AND THE DATE IN ITEM 12.

ALL KINDS OF WORK SHOULD BE REPORTED

Every kind of work, trade, apprenticeship or business in which the beneficiary engages while the beneficiary is under age 66 MUST BE REPORTED. After you notify us of work, we will inform you if the work has any effect on benefits.

YOUR RESPONSIBILITY AS A REPRESENTATIVE PAYEE

Your job is to use the Social Security benefits you receive for the personal care and well-being of the beneficiary. This is true whether you are relative, friend, court-appointed guardian, or official of a private agency or institution. You must keep yourself informed of the beneficiary's needs, so you can decide how the benefits should be used. You must account for the use of the benefits on the form enclosed. This accounting will be reviewed by the Social Security Administration and is subject to verification. Therefore, you should keep a record of the amount of benefits you received and how you used them (keep receipts, cancelled checks, etc.).

You must notify the Social Security Administration when the beneficiary changes residence or you are no longer responsible for the care and welfare of the beneficiary. You must also report to us promptly if the beneficiary dies, marries, is adopted, goes to work, or enters or leaves a hospital or institution.

PRIVACY ACT STATEMENT- Collection and Use of Personal Information--The United States Code of Federal regulations (42 U.S.C. § 403(c), 403(g), 405(a) and 405(j)) authorize us to collect the information on this form. The information you provide will be used to determine if we can continue to pay Social Security benefits on this claim. Your response is voluntary. However, failure to provide the requested information may prevent us from making an accurate and timely decision, or could result in the loss of benefits.

We rarely use the information provided on this form for any purpose other than for determining the continued entitlement to benefit payments. However, in accordance with 5 U.S.C. § 552a(b) of the Privacy Act, we may disclose the information provided on this form (1) to enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; (2) to make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; (3) to comply with Federal laws requiring the disclosure of the information from our records; and (4) to facilitate statistical research, audit or investigative activities necessary to assure the integrity of SSA programs.

We may also use the information you provide when we match records by computer. Computer matching programs compare our records with those of other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is contained in our System of Records Notice 60-0089 (Claims Folders System). Additional information regarding this form and our other system of records notices and Social Security programs are available from our Internet website at www.socialsecurity.gov or at any U.S. Embassy, consulate, VARO or Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401, U.S.A. ***Send only comments relating to our time estimate to this address, not the completed form.***